AMBROSE LAW GROUP
ATTORNEYS AND COUNSELORS

These forms request information that is needed to complete your bankruptcy paperwork. Your answers will be typed directly on the bankruptcy petition form required be the court, and you will have the opportunity to review the same for accuracy before signing. Please answer the questions as thoroughly and accurately as you can, printing in the spaces provided. If you need additional writing space for any section, please use the back side of the paper. If and when a question does not apply to you, indicate "NA." By doing so we will know that you did not mistakenly overlook it. Please note that all assets and liabilities must be indicated even if you intend to pay them. **Do not leave any section blank.**

Retainer Amount

CHAPTER ______

__________________ Attorney

Date: ________________

__________________ Filing

General Information

Name (First, Middle, Last):			
Any other name used over the last 8 years?			
Address (street, city, state, zip):			
Have you lived at this address for at least 180 days? ______No ______Yes			
Have you lived at this address for at least 730 days (2 Years)? ______No ______Yes			
Mailing Address (if different than above):		County:	
Phone Number	Social Security Number	Date of Birth	
Alternate Phone Number	E-mail Address		
Case: Individual or Joint?	Marital Status:	Initial by client to be notified by e-mail	
Has a bankruptcy case been filed by you or against you in the last 8 years?	Case Number:	District/State:	Date Filed:

Joint Debtor Information: (if applicable)

Name (First, Middle, Last):			
Any other name used over the last 8 years?			
Address (street, city, state, zip):			
Mailing Address (if different than above):			
Phone Number	Social Security Number	Date of Birth:	
Alternate Phone Number	E-mail Address		
Has a bankruptcy case been filed by you or against you in the last 8 years?	Case Number:	District/State:	Date Filed:

STATEMENT OF INTENTION

For each secured debt that you have (I.e., mortgage, car loam, etc., - any debt that has collateral pledged) state whether you intend to retain (reaffirm and keep the collateral) or surrender (return collateral to creditor), by listing each in the appropriate space below. NOTE - each debt listed here must also be listed on Schedule D (secured debts), and if its real property, on Schedule A also.

Property to be RETAINED

Description of Property	Creditor's Name

Property to be SURRENDERED

Description of Property	Creditor's Name

*Do you you own or have possession of any property that poses or is alleged to pose a threat of imminent and indentifiable harm to public health or safety? (If yes, please attach a list and description of the property) Y N

REAL PROPERTY - SCHEDULE A

List here any real property that you own (house, land, etc..). If you own more than 2, please use back.

#1	#2
Description and location/address of property: (i.e., residence, vacant land, etc.	**Description and location/address of property:** (i.e., residence, vacant land, etc.
Name(s) on the Title to Property: *List full name & address of any co-signer not included on this bankruptcy petition	**Name(s) on the Title to Property:** *List full name & address of any co-signer not included on this bankruptcy petition
Creditor Holding Claims*: (indicate if free & clear) *This creditor must be listed on Schedule D.	**Creditor Holding Claims*:** (indicate if free & clear) *This creditor must be listed on Schedule D.

PERSONAL PROPERTY - SCHEDULE B

For each category, describe property and where it's located (if not in your possession). Group like items together under one heading, for example on #4 "furniture $1,000.00", "Household goods $500.00".

Under the "H/W/J" column indicate whether the item is owned be H - husband, W - wife, or J - joint. If individual petition leave this blank unless you own item with someone else; if so, indicate that person's name and interest in property.

Indicate the value of property under "Market Value" column. Remember - use **market value** - what the item is worth today (what you could sell it for - not what you paid for is). List separate amounts for each item category. Please use the back side of these sheets it you need additional space for any answer.

TYPE OF PROPERTY	DESCRIPTION & LOCATION OF PROPERTY	H-W-J	MARKET VALUE
1. Cash on Hand			
2. Checking, savings or other financial accounts, CD's or shares in banks, savings & loan, thrift, building & loan, and homestead associations or credit unions, brokerage houses or co-ops. **Need bank name/location/acct #**			
3. Security deposits with public utilities, telephone companies, landlords and others. **Need name/address of landlord**			
4. Household goods and furniture, including audio, video and computer equipment. **Categorize as follows: household goods/Furniture/Audio & Video/ Computer**			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, CD, and other collections or collectibles. **Indicate applicable categories separately with $ amount for each**			
6. Clothing. **One dollar amount for all clothing.**			
7. Furs and Jewelry **One dollar amount for furs; one for jewelry**			
8. Firearms and sports, photographic, and other hobby equipment **Indicate applicable categories separately with & amount for each.**			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender value for each. **Include life insurance here.**			
10. Annuities. Itemize and name each issuer.			
11. Interest in an education IRA or under a qualified State tuition plan (Give Particulars and attach records)			

12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize. **(Indicate institution holding funds and account #)**			
13. Stock and interests in incorporated and unincorporated businesses. Itemize			
14. Interest in partnerships or joint ventures. Itemize			
15. Government & corporate bonds; other negotiable * non-negot. Instruments			
16. Accounts receivable. **($ owed to you)**			
17. Alimony, maintenance, support, and property settlements to which you are or may be entitled. Give particulars			
18. Other liquidated debts owed to you. **Include tax refunds.** Give particulars.			
19. Equitable or future interests, life estates, & rights or powers exercisable for you benefit.			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy or trust.			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of yours, and rights to setoff claims. Give est. value of each			
22. Patents, copyrights, and other intellectual property. Give particulars.			
23. Licenses, franchises, and other general intangibles. Give particulars.			
24. Customer lists or other compilations containing personally identifiable info. provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes			
25. Automobiles, trucks, trailers and other vehicles. List year, make, model. **Need VIN # for each vehicle.**			
26. Boats, motors and accessories.			
27. Aircraft and accessories.			
28. Office equipment, furnishings & supplies.			
29. Machinery, fixtures, equipment and supplies used in business.			
30. Inventory			
31. Animals			
32. Crops - growing or harvested			
33. Farming equipment and implements.			
34. Farm supplies, chemicals and feed.			
35. Any other personal property of any kind not already listed. Itemize.			

SECURED DEBTS - SCHEDULE D

List here all debts secured by collateral (I.e., mortgage, car loan, etc.). Include creditor's name, your account # and payment mailing address in Column 1 were indicated. In Column 2, indicate who is on account - H=husband, W=wife, J=joint. In Column 3, indicate your intention - R=reaffirm, S=surrender. ~~In Column 4, indicate what month/year you opened the account.~~ In Column 5, give a description of the collateral. In Column 6, indicate the current balance owed. In Column 7, indicate the current market value of the collateral. **ALL COLUMNS MUST BE COMPLETED FOR EACH CREDITOR.** If you have more than 3 secured creditors, please use the back side and include all information (#1-7).

Column #1 CREDITOR	#2 H/W/J	#3 REF/ SUR?	#4 DATE INC.	#5 COLLATERAL DESCRIPTION	#6 BALANCE	#7 MARKET VALUE
#1 - Name: Account # Address: Monthly Payment: Interest Rate:						
#2 - Name: Account # Address: Monthly Payment: Interest Rate:						
#3 - Name: Account # Address: Monthly Payment: Interest Rate:						

UNSECURED PRIORITY DEBTS - SCHEDULE E

List here any tax debt that you owe (to IRS, State of Michigan, city or county taxing authority), delinquent child or alimony, student loans, or wages payable to someone else. List the creditor name, your account number and payment mailing address in Column 1 where indicated. In Column 2, list who owes the debt. In Column 3, indicate the month/year debt was incurred. In Column 4, indicate the reason debt is owed. In Column 5, the current balance. **ALL COLUMNS MUST BE COMPLETED FOR EACH CREDITOR.** If you have more than 2, use the back side of paper.

Column #1 CREDITOR	#2 H/W/J	#3 DATE INC.	#4 REASON	#5 BALANCE
#1 - Name: Account # Address:				
#2 - Name: Account # Address:				

UNSECURED DEBTS - SCHEDULE F

List all of your unsecured debt here (credit cards, unsecured/signature loans, lines of credit, medical bills, deficiency balances, etc.)

MAKE SURE THAT ALL COLUMNS FOR EACH CREDITOR ARE COMPLETE

~~In Column 1, indicate creditor's name and payment mailing address.~~ In Column 2, indicate who is on account. In Column 3, the month/year the account was opened. In Column 4, the type of account and #. In Column 5, indicate the current balance. **INCLUDE ANY COLLECTION AGENCIES/ATTORNEYS THAT ARE REPRESENTING YOUR CREDITORS.** If this applies, use a creditor box and put name & address of agency; then put the name of the creditor they represent in Column 4.

Column #1 CREDITOR	#2 H/W/J	#3 DATE OPENED	#4 ACCOUNT TYPE & NUMBER	#5 BALANCE
#1 - Name: Account # Address:			Acct. #:	
#2 - Name: Account # Address:			Acct. #:	
#3 - Name: Account # Address:			Acct. #:	
#4 - Name: Account # Address:			Acct. #:	
#5 - Name: Account # Address:			Acct. #:	
#6 - Name: Account # Address:			Acct. #:	
#7 - Name: Account # Address:			Acct. #:	
#8 - Name: Account # Address:			Acct. #:	
#9 - Name: Account # Address:			Acct. #:	

ATTACH COPIES OF BILLS FOR PAST 90 DAYS FOR EACH ACCOUNT

CONTRACT & LEASES - SCHEDULE G

List below any contract or lease on which your name(s) currently appears. This includes apartment or residential lease, lot lease for a Mobil home, car lease, cellular and/or pager contracts, etc. For each contract and/or lease that you have, complete the entire section - DO NOT LEAVE ANY QUESTION BLANK. If you have more than 2, please use the back side of this paper and include all necessary information.

Lease #1		Lease #2	
Name and address of Company:		Name and address of Company:	
Description of Contract or lease (what kind)?		Description of Contract or lease (what kind)?	
Terms of Lease (1 year, 2 years, month to month, etc.):		Terms of Lease (1 year, 2 years, month to month, etc.):	
Beginning Date of Lease (month/year):		Beginning Date of Lease (month/year):	
You Interest in Lease (circle one):		You Interest in Lease (circle one):	
LESSOR	LESSEE	LESSOR	LESSEE
BUYER	SELLER	BUYER	SELLER

CO-DEBTORS - SCHEDULE H

List below the name(s) of any person(s) not included in this bankruptcy petition whose name appears as co-signer or co-debtor on any of your accounts (from Schedule D, E, and F). In Column 1, indicate the person's name and address. In Column 2, list the name or name of the applicable creditors.

Column #1	#2
Name and address of co-debtor/co-signer:	Name of creditor(s):
Name and address of co-debtor/co-signer:	Name of creditor(s):
Name and address of co-debtor/co-signer:	Name of creditor(s):

CURRENT INCOME - SCHEDULE I

This is a schedule of your current income situation. If you are unemployed, or on social security or disability, indicate this under occupation and put the amount of compensation you receive in the appropriate space. If you do not receive regular paychecks but do receive income, use the back of this sheet to describe your situation and the amount and source of monthly income you receive.

Dependants: List the names and ages of each dependant in this space.

Debtor		Spouse	
Occupation:		Occupation:	
Employer:		Employer:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
How Long?		How Long?	

USE YOUR MOST RECENT PAY STUB(S) TO COMPLETE THIS SECTION:

Debtor		Spouse	
Pay Frequency: (circle one) Weekly Bi-Weekly Monthly		Pay Frequency: (circle one) Weekly Bi-Weekly Monthly	
Gross Pay:	$	Gross Pay:	$
Estimated Overtime:	$	Estimated Overtime:	$
Total Gross	$	Total Gross	$
Deductions:		Deductions:	
Taxes and Social Security:	$	Taxes and Social Security:	$
Insurance:	$	Insurance:	$
Union Dues:	$	Union Dues:	$
Other (specify):	$	Other (specify):	$
Other (specify):	$	Other (specify):	$
Total Net Take Home Pay Per Period	$	**Total Net Take Home Pay Per Period**	$

INDICATE ANY OTHER INCOME YOU RECEIVE OTHER THAN FROM REGULAR EMPLOYMENT (MONTHLY AMOUNT)

Debtor		Spouse	
Business Income:	$	Business Income:	$
Real Property/Interest/Dividends (circle)	$	Real Property/Interest/Dividends (circle)	$
Alimony, Maintenance, Support	$	Alimony, Maintenance, Support	$
Social Security/Govt Assistance (circle)	$	Social Security/Govt Assistance (circle)	$
Pension/Retirement (circle)	$	Pension/Retirement (circle)	$
Total Other Income:	$	**Total Other Income:**	$
TOTAL MONTHLY NET INCOME:	$	**TOTAL MONTHLY NET INCOME:**	$

CURRENT EXPENSES - SCHEDULE J

List the **monthly** amount spent (for entire family) for each category listed. Use averages for categories where monthly amounts vary (estimate yearly amount then divide by 12). Add categories if they don't appear on form.

Rent/Mortgage Payment	$	Recreation, clubs, entertainment, etc.	$
Lot Rent (for Mobil home)	$	Charitable contributions	$
Real Estate Taxes (if not incl. In mortgage)	$	Life Insurance	$
Homeowners/Renters Insurance	$	Health Insurance	$
Electric	$	Auto Insurance	$
Gas	$	Taxes (not from wages or mortgage)	$
Water and Sewer	$	Auto Payment	$
Telephone	$	Auto Payment	$
Cable	$	Installment Payment (specify)	$
Home Maintenance	$	Alimony, Support (not deduct. Fr. Wages)	$
Food	$	Business Expenses	$
Clothing	$	Child Care	$
Laundry and Dry Cleaning	$	Other (specify)	$
Medical and dental	$	Other (specify)	$
Transportation (gas)	$	Other (specify)	$

STATE OF FINANCIAL AFFAIRS

This section contains 15 general financial questions. If a question does not apply to you, indicate "N/A" - do not leave any section blank (this will confirm that you have read all questions. If you need additional writing space for any question, please use the back side of this paper.

1. Gross income from employment or operation of business for past 2 years: (you can use you most recent pay stub to get the year to date figure(s)).

Debtor: Year to Date: 20____
20____
20____

Spouse: Year to Date: 20____
20____
20____

**Specify source of income even if only one source

2. Income other than from employment or operation of business for past 2 years (lottery winnings, lawsuit, proceeds, etc., any income that you received that was not from regular employment):

Debtor: Year to Date: 20____
20____
20____

Spouse: Year to Date: 20____
20____
20____

**Specify source of income even if only one source

3. **Payment to Creditors.**

a. If your debts are primarily consumer debts, list any payment of **more than $600.00** at one time **to one creditor** in the last 90 days:

Creditor name and address:

Amount paid and date:

Amount still owed:

b. If your debts are **NOT** primarily consumer debts, list each payment or other transfer, aggregating **more than $5,000** to any creditor made within 90 days immediately preceding the commencement of this case:

Creditor name and address:

Amount paid and date:

Amount still owed:

c. List any payment made to an insider or family member within the last year:

Name and address:

Relationship to Debtor:

Amount paid and date:

Amount still owed:

4. **Lawsuits, executions, garnishments and attachments.** (use back of paper if more than 1 lawsuit)

a. Complete **all** information below for any lawsuit to which you have been a party to for the last year:

Case Title:

Case Number:

Court/Agency Location:

Nature of Proceeding:

Current status of lawsuit:

b. Describe any property that has been attached, garnished or seized under any legal or equitable process within the last year:

Beneficiary of seizure (creditor):

Address:

Seizure date:

Property description:

Property value:

5. **Repossessions, foreclosures and returns.**
List any property that has been repossessed, sold at foreclosure sale, transferred through deed in lieu of foreclosure or returned to the seller (creditor) within the last year:

Creditor/Seller:

Address:

Property description:

Date occurred: Property value:

6. **Assignments and receiverships.**

a. Describe any property assigned to a creditor in the last 120 days:

Assignee:
Address:
Date:
Terms:

b. List any property in the hands of a custodian, receiver or court appointed official with the last year:

Custodian:
Address:
Court:
Case Title:

Case Number:
Date of Order:
Property Description:
Property Value:

to a family member or more than $100 (at one time) to a charity.

Recipient:
Address:
Relationship to Debtor:

Date of gift:
Description:
Value:

---

8. **Losses.** List below any loses you have incurred from fire, theft, gambling or other casualty within last year:

Property:

Value:

Circumstances:

Insurance Coverage?

Insurance Coverage Amount:

Date of Loss:

---

9. List any payments you have made to anyone or any institution regarding debt counseling within the last year:

Payee:

Address:

Date of payment:

Payor:

Amount of Payment/Value:

---

10. **Other transfers.**
   a. List all other property, other than property transferred in your ordingary course of business or financial affairs, transferred either absolutely or as a security within two years:

Transferee:

Address:

Relationship to Debtor:

Date of Transfer:

Description of Property:

Value of Property:

   b. List all property you transferred within 10 years immediately preceding the commencement of this case to a sefl-settled trust, or a similar device of which you are the beneficiary:

Name of trust
or similar device:

Date of Transfer:

Description of Property:

Value of Property:

---

11. List any and all financial accounts that you have closed within the last year (checking, savings, IRA, CD, etc.):

Institution:

Address:

Type of Account:

Final Balance:

Account Number:

Date Closed:

Institution: Contents:

Address: Surrender Date:

Person with access:

13. List any setoffs that have been made by any creditor (incl. Banks) against any debt or deposit within the last 90 days:

Creditor: Setoff Date:

Address: Amount:

14. List any property that you are currently holding or controlling for another person:

Owner: Property Description and Value:

Address: Location:

15. List all prior addresses that you have held going back **3 years** from now (list each separately with dates).

Address: Address:

Name(s) used: Name(s) used:

Dates: Dates:

18. List the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses within the last 6 years:

Name: Tax I.D. No.:

Address: Nature of Business:

Beginning/End Dates:

Notes:

☐ Received Notice of Required Documents (including credit counseling information) ______ Client Initials

☐ Statement of Compensation Completed

☐ Attach copy of Driver's License(s)